PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

9-435629

CLAIMS AS FILED - PART I				I			SMALL ENTITY			OTHER THAN			
The Charles of the Ch			::(Column 1) _		(Column 2)			TYPE [OR	OR SMALL ENTITY		
T	<u>OTÁL CL</u> AIMS	3		*		a gamayana garan ya San San Jayas San		-RATE	FEE.		RATE	FEE-	
F	DR -	**	NUMBER	RFILED	NUM	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
ΤŒ	OTAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	CLAIMS	n	minus 3 =				X43=		OR	X86=		
M	MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in col						column 2		TOTAL		-	TOTAL	 	
B. T. CLAIMS AS AMENDED - PART II								101712	<u> </u>	1 011		71100	
4	4-23-04 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT	4/19/01	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 12	Minus	** 3	4	=		X\$ 9=		OR	X\$18=		
	Independent	* / ENTATION OF M	Minus	PENDENT	CLAIM]=		X43=		OR	X86=		
<u> </u>	THOTTIES		OLIN EL DE	/ CIADEIAI	CLAIN		۱	+145=		OR	+290=	_	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	_			_			
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	· 	=		X43=		OR	X86=	i	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		 -			Uh			
	.,									OR	+290=		
								TOTAL DDIT. FEE	-	OR ,	TOTAL ADDIT, FEE	·	
(Column 1) (Column 2) (Column 3)													
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	- **		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-	r	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	7,00-		
								+145=		OR	+290=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the	highest number	foun	d in the appr	opriate box	in colu	ımn 1.		